

aviation system to prevent these things from happening, to have safe skies, is absolutely overwhelming. It is something which is not recognized sufficiently by the American people and which we are, happily, recognizing in this bill.

The Secretary of the Department of Transportation is happy with this bill and will recommend to the President that he sign it. Jane Garvey, the FAA Administrator—somebody in whom I have an enormous amount of confidence, who has run Boston's airport by herself and knows the situation cold—is very much in support of this.

After all, we have not taken anything off budget. The aviation trust fund is still on budget. We have not built any firewalls. We have acted in a responsible fashion. However, we have applied more money because this is a particularly special crisis which, thank heavens, after a number of years, Congress has finally recognized.

In my earlier remarks, I failed to mention BUD SHUSTER in the House, the chairman of their committee, and JIM OBERSTAR, dear friends of many years. What they and their colleagues have done is extraordinary. I think we have a superb bill. It is not a perfect bill, but it is, as in all things, the result of compromise. I think, generally speaking, we have a bill of which to be extremely proud. I know the Senator from West Virginia believes that very strongly.

Unless there are others who wish to speak, I hope our colleagues will vote to pass this conference report when the time comes this afternoon.

I yield back the remainder of my time.

Mr. GORTON. Mr. President, I believe that uses the time of all the people who wish to speak on the conference report. I ask unanimous consent debate, other than the 2 minutes at 5 p.m., be concluded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER (Mr. HUTCHINSON). The Senator from Alaska.

Mr. MURKOWSKI. Mr. President, I ask unanimous consent I may speak in morning business for 12 minutes or thereabouts.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### MEASURE PLACED ON THE CALENDAR—S. 2184

Mr. MURKOWSKI. Mr. President, I understand there is a bill at the desk due for its second reading.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant bill clerk read as follows:

A bill (S. 2184) to amend chapter 3 of title 28, United States Code, to divide the ninth judicial circuit of the United States into two circuits.

Mr. MURKOWSKI. I object to further proceedings on this bill at this time.

The PRESIDING OFFICER. Objection having been heard, under the rule, the bill will be placed on the calendar.

Mr. MURKOWSKI. I thank the Chair.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. MURKOWSKI. I thank the Chair.

(The remarks of Mr. MURKOWSKI pertaining to the introduction of S. 2214 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I ask unanimous consent to speak for up to 10 minutes on the time allocated to Senator DURBIN.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PRESCRIPTION DRUG AFFORDABILITY

Mr. WYDEN. Mr. President, I have come to the floor repeatedly over the last few months to talk about the importance of prescription drug coverage under Medicare for the Nation's senior citizens. Today I want to focus on how the absence of this coverage essentially undermines our entire health care system.

What we are seeing is that every day, in the United States, senior citizens who are ailing from a variety of health problems end up getting sicker because they are not able to afford their prescription medicine. Very often these seniors end up being hospitalized and needing vastly more expensive medical services that are made available under what is called Part A of the Medicare program.

Today, I want to describe a case I recently learned about in Hillsboro, OR, because it illustrates just how irrational, how extraordinarily illogical, it is to have a health care system for the Nation's senior citizens that does not cover prescription drugs.

An orthopedist from Hillsboro, OR, recently wrote me that he actually had to hospitalize a patient for over 6 weeks because the patient needed antibiotics that they were not covered on an outpatient basis.

Here you had a frail, vulnerable older person. The physician, and all the medical specialists involved, believed that person could be treated on an outpatient basis with antibiotics, but because there was not Medicare coverage available on an outpatient basis—because there was not the kind of coverage Senator DASCHLE has been talking about and Senator SNOWE and I have made available in the Snowe-Wyden bipartisan legislation—because that coverage was not available to the senior citizen in Hillsboro, OR, that older person had to be hospitalized for over 6 weeks.

Here is what the doctor said to me:

This method of treatment [the preferred outpatient method of treatment] is cost effective and is preferred by patients and doctors. In this case, the patient is condemned

to spend 6 weeks in the hospital solely to receive intravenous antibiotics. To me, this seems like a tremendous waste of money and resources. The patient would be better at home.

What this case illustrates is exactly why we need, on a bipartisan basis—the Snowe-Wyden legislation is one approach; our colleagues may have other ideas on how to do it—but this is a case study on why it is so important to cover prescription drugs for older people under Medicare.

We are not talking about some abstract academic kind of analysis that comes from one of the think tanks here in Washington, DC. This is a physician in Hillsboro, OR, who had to put a patient, an older person, in a hospital for 6 weeks because they could not afford to get their medicine on an outpatient basis.

A lot of our colleagues are here on the floor who are on the Commerce Committee. We look at technology issues at that Committee. The irony is, we can save money, again, through the use of new technology in health care.

The kind of treatment that would have been best for this older person in Oregon would have been through an electronic delivery system the older person could have used on their belt for a relatively short period of time had Medicare covered that prescription the older person needed. But because that person could not get coverage for the antibiotics and use that electronic delivery system on an outpatient basis, which they could wear on their belt, they had to go into a hospital for 6 weeks.

Colleagues, we are going to hear a lot over this break from senior citizens and families about the importance of this issue. I intend tomorrow, again, to come to the floor and discuss this matter. Senator DASCHLE has made it very clear to me, and talks about it virtually every day, that he wants to have the Senate find the common ground. He wants Senators to come together and deal with this on a bipartisan basis. The Snowe-Wyden legislation is one approach. Our colleagues have other bills.

The point is, let us make sure, in this session of Congress, that in Arkansas, in Washington, and in the State of Nevada, we do not have older people hospitalized unnecessarily for 6 weeks because we have not come together as a Senate to make sure they can get those medicines on an outpatient basis.

Science has given us cost-effective, practical remedies for these people in need, remedies that will reduce suffering and will reduce costs to taxpayers.

Let us come together, on a bipartisan basis, to make sure we do not adjourn without adding this important benefit to the Medicare program.

As I have made clear, I intend to keep coming back to the floor of the Senate until we, on a bipartisan basis, as Senator DASCHLE has suggested, come together and get this important job done.